



# UNITED STATES PATENT AND TRADEMARK OFFICE

\_\_\_\_\_  
*[Signature]*

UNITED STATES DEPARTMENT OF COMMERCE  
United States Patent and Trademark Office  
Address: COMMISSIONER FOR PATENTS  
P.O. Box 1450  
Alexandria, Virginia 22313-1450  
www.uspto.gov



**CONFIRMATION NO. 4048**

Bib Data Sheet

|                             |  |              |                        |   |
|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>10/531,855 | FILING OR 371(c)<br>DATE<br>11/02/2005<br>RULE | CLASS<br>514 | GROUP ART UNIT<br>1633 | ATTORNEY<br>DOCKET NO.<br>089995-000000US |
|-----------------------------|--|--------------|------------------------|---|

**APPLICANTS**

Patrick Van Berkel, Leiden, NETHERLANDS;  
Maurice Mannesse, Leiden, NETHERLANDS;  
Frank Pieper, Leiden, NETHERLANDS;

**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/NL03/00703 10/17/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EUROPEAN PATENT OFFICE (EPO) 02079328.7 10/17/2002

|                                 |  |                                 |                        |                    |                         |
|---------------------------------|--|---------------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no  | STATE OR COUNTRY<br>NETHERLANDS | SHEETS<br>DRAWING<br>0 | TOTAL CLAIMS<br>20 | INDEPENDENT CLAIMS<br>2 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                 |                        |                    |                         |

**ADDRESS**

20350

**TITLE**

Protein modification

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
|-----------------------------|---|---|